

<i>SERFF Tracking Number:</i>	<i>SFMA-125420933</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HO-22962</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HO-22962</i>		
<i>Project Name/Number:</i>	<i>HO-22962/HO-22962</i>		

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: HO-22962

SERFF Tr Num: SFMA-125420933 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Co Tr Num: HO-22962

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
Disposition Date: 03/31/2008

Authors: Julie Whetsell, Sheri Anderson

Date Submitted: 03/27/2008

Disposition Status: Approved

Effective Date Requested (New): 08/01/2008

Effective Date (New): 08/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: HO-22962

Status of Filing in Domicile: Not Filed

Project Number: HO-22962

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 03/31/2008

State Status Changed: 03/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of the following endorsements.

FE-5256.1, Coverage D – Loss Assessment Endorsement: This optional endorsement is revised for our Homeowners policy to identify trigger events and coverage limits.

SERFF Tracking Number: SFMA-125420933 State: Arkansas
Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: HO-22962
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HO-22962
Project Name/Number: HO-22962/HO-22962

FE-5485, Coverage D – Loss Assessment Endorsement: This is a new mandatory endorsement for use with our Condominium Unit Owners policy. We felt the existing policy language regarding loss assessment should be revised to help identify trigger events in regard to the date of loss and coverage limits.

Sincerely,

Nathan Gross
Forms Manager
(309)766-3003
nathan.gross.aiqq@statefarm.com

Tom Monson
Forms Director
(309)766-2270
tom.monson.apky@statefarm.com

Company and Contact

Filing Contact Information

Nate Gross, nathan.gross.aiqq@statefarm.com
One State Farm Plaza (309) 766-3003 [Phone]
Bloomington, IL 61710 (309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

<i>SERFF Tracking Number:</i>	<i>SFMA-125420933</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>HO-22962</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HO-22962</i>		
<i>Project Name/Number:</i>	<i>HO-22962/HO-22962</i>		
Retaliatory?	No		
Fee Explanation:	\$50.00 per filing X 1 filing = \$50.00		
Per Company:	No		

<i>SERFF Tracking Number:</i>	<i>SFMA-125420933</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>HO-22962</i>		
<i>Project Name/Number:</i>	<i>HO-22962/HO-22962</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	03/27/2008	19029734

<i>SERFF Tracking Number:</i>	<i>SFMA-125420933</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HO-22962</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HO-22962</i>		
<i>Project Name/Number:</i>	<i>HO-22962/HO-22962</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	03/31/2008	03/31/2008

<i>SERFF Tracking Number:</i>	<i>SFMA-125420933</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Fire and Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HO-22962</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HO-22962</i>		
<i>Project Name/Number:</i>	<i>HO-22962/HO-22962</i>		

Disposition

Disposition Date: 03/31/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SFMA-125420933	State:	Arkansas
Filing Company:	State Farm Fire and Casualty Company	State Tracking Number:	EFT \$50
Company Tracking Number:	HO-22962		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	HO-22962		
Project Name/Number:	HO-22962/HO-22962		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Coverage D - Loss Assessment Endorsement	Approved	Yes
Form	Coverage D - Loss Assessment Endorsement	Approved	Yes

SERFF Tracking Number: SFMA-125420933 State: Arkansas

Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$50

Company Tracking Number: HO-22962

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: HO-22962

Project Name/Number: HO-22962/HO-22962

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coverage D - Loss Assessment Endorsement	FE-5256.1		Endorsement/Amendment/Conditions	Replaced Form #: FE-5256 Previous Filing #:	46.40	Copy of FE-5256-1.pdf
Approved	Coverage D - Loss Assessment Endorsement	FE-5485		Endorsement/Amendment/Conditions		46.90	Copy of FE-5485.pdf

COVERAGE D – LOSS ASSESSMENT ENDORSEMENT

SECTION I - COVERAGES

The following is added:

COVERAGE D - LOSS ASSESSMENT

We will pay for your share of any assessment charged by the homeowners association, of which you are a member, against all homeowners in accordance with the governing rules of the homeowners association, when the assessment is made as a result of:

1. a direct loss which occurs only during the policy period to which Section I of this policy would apply except as provided in **SECTION I - LOSSES NOT INSURED**, to the commonly owned homeowners association property, including personal property, owned by all homeowners collectively;
2. an **occurrence** during the policy period to which Section II of this policy would apply;
3. damages that occur during the policy period which the homeowners association may be obligated to pay because of personal injury due to false arrest, false imprisonment, wrongful eviction, wrongful entry, wrongful detention, malicious prosecution, misrepresentation, humiliation;
4. illegal discrimination (unless coverage is prohibited by law) that occurs during the policy period, but only with respect to the liability other than fines and penalties imposed by law; or
5. libel, slander, defamation of character, or invasion of rights of privacy that occur during the policy period.

We will not pay your share of any assessment charged by the homeowners association made as a result of items 1. through 5. above that do not occur within the policy period.

Limit of liability. The Coverage D – Loss Assessment limit is shown in the **Declarations**. The most we will pay for all assessments arising out of the same event from items 1. through 5. above is the amount shown in the **Declarations**.

SECTION I - LOSSES INSURED

Provisions applying to **SECTION I - LOSSES INSURED** also apply to Coverage D.

SECTION I - CONDITIONS

As respects Coverage D only, **Other Insurance** is replaced with the following:

Other Insurance. If a loss covered by this policy is also covered by other insurance, this insurance shall be excess over other insurance in the name of the homeowners association covering the same property covered by this policy.

SECTION II - EXCLUSIONS

Items 1.b., 1.c., 2.a. and 3.a. do not apply to the extent of any coverage provided under Coverage D.

Any Earthquake and Volcanic Explosion Endorsement applicable to Coverage A shall also apply to Coverage D.

All other policy provisions apply.

CURRENT ENDORSEMENT FE-5256	PROPOSED ENDORSEMENT FE-5256.1	COMMENTS
<p align="center">COVERAGE D – LOSS ASSESSMENT ENDORSEMENT</p> <p>1. SECTION I – COVERAGES</p> <p>The following is added:</p> <p>COVERAGE D – LOSS ASSESSMENT</p> <p>We will pay for your share of any assessment charged by the homeowners association, of which you are a member, against all homeowners in accordance with the governing rules of the homeowners association, when the assessment is made as a result of:</p> <ol style="list-style-type: none"> 1. a direct loss to which Section I of this policy would apply except as provided in SECTION I – LOSSES NOT INSURED, to the commonly owned homeowners association property, including personal property, owned by all homeowners collectively; 2. an occurrence to which Section II of this policy would apply; 3. damages which the homeowners association may be obligated to pay because of personal injury due to false arrest, false imprisonment, wrongful eviction, wrongful entry, wrongful detention, malicious prosecution, misrepresentation, humiliation; <u>or</u> 4. illegal discrimination (unless coverage is prohibited by law), but only with respect to the liability other than fines and penalties imposed by law; or 5. libel, slander, defamation of character, or invasion of rights of privacy. 	<p align="center">COVERAGE D – LOSS ASSESSMENT ENDORSEMENT</p> <p>SECTION I – COVERAGES</p> <p>The following is added:</p> <p>COVERAGE D – LOSS ASSESSMENT</p> <p>We will pay for your share of any assessment charged by the homeowners association, of which you are a member, against all homeowners in accordance with the governing rules of the homeowners association, when the assessment is made as a result of:</p> <ol style="list-style-type: none"> 1. a direct loss <u>which occurs only during the policy period</u> to which Section I of this policy would apply except as provided in SECTION I – LOSSES NOT INSURED, to the commonly owned homeowners association property, including personal property, owned by all homeowners collectively; 2. an occurrence <u>during the policy period</u> to which Section II of this policy would apply; 3. damages <u>that occur during the policy period</u> which the homeowners association may be obligated to pay because of personal injury due to false arrest, false imprisonment, wrongful eviction, wrongful entry, wrongful detention, malicious prosecution, misrepresentation, humiliation; 4. illegal discrimination (unless coverage is prohibited by law) <u>that occurs during the policy period</u>, but only with respect to the liability other than fines and penalties imposed by law; or 5. libel, slander, defamation of character, or invasion of rights of privacy <u>that occur during the policy period</u>. <p><u>We will not pay your share of any assessment charged by the homeowners association made as a result of items 1. through 5. above that do not occur within the policy period.</u></p>	<p>Added reference to the policy period.</p> <p>Added reference to the policy period.</p> <p>Added reference to policy period.</p> <p>Editorial</p> <p>Added reference to the policy period</p> <p>Added reference to the policy period.</p> <p>Added paragraph addressing coverage for losses occurring outside the policy period.</p>

CURRENT ENDORSEMENT FE-5256	PROPOSED ENDORSEMENT FE-5256.1	COMMENTS
<p>2. SECTION I – LOSSES INSURED</p> <p>Provisions applying to Coverage A also apply to Coverage D.</p> <p>3. SECTION I – CONDITIONS</p> <p>As respects Coverage D only, Other Insurance is replaced with the following:</p> <p>Other Insurance. This insurance shall be excess over other insurance in the name of the homeowners association covering the same property covered by this policy.</p> <p>4. SECTION II – EXCLUSIONS</p> <p>Items 1.b., 1.c., 2.a. and 3.a. do not apply to the extent of any coverage provided under Coverage D.</p> <p>5. Any Earthquake and Volcanic Explosion Endorsement applicable to Coverage A shall also apply to Coverage D.</p> <p>All other policy provisions apply.</p>	<p><u>Limit of liability. The Coverage D – Loss Assessment limit is shown in the Declarations. The most we will pay for all assessments arising out of the same event from items 1. through 5. above is the amount shown in the Declarations.</u></p> <p>SECTION I – LOSSES INSURED</p> <p>Provisions applying to <u>SECTION I – LOSSES INSURED</u> also apply to Coverage D.</p> <p>SECTION I – CONDITIONS</p> <p>As respects Coverage D only, Other Insurance is replaced with the following:</p> <p>Other Insurance. <u>If a loss covered by this policy is also covered by other insurance</u>, this insurance shall be excess over other insurance in the name of the homeowners association covering the same property covered by this policy.</p> <p>SECTION II – EXCLUSIONS</p> <p>Items 1.b., 1.c., 2.a. and 3.a. do not apply to the extent of any coverage provided under Coverage D.</p> <p>Any Earthquake and Volcanic Explosion Endorsement applicable to Coverage A shall also apply to Coverage D.</p> <p>All other policy provisions apply.</p>	<p>Added limits language to endorsement referencing the Declarations.</p> <p>Provisions applying to Coverage A and Coverage B now apply.</p> <p>Adds language specifying a covered loss.</p>

COVERAGE D – LOSS ASSESSMENT ENDORSEMENT

SECTION I - COVERAGES

COVERAGE D - LOSS ASSESSMENT is replaced with the following:

We will pay for your share of any assessment charged against all unitowners by the **association**, when the assessment is made as a result of:

1. a direct loss which occurs only during the policy period to which Section I of this policy would apply except as provided in **SECTION I - LOSSES NOT INSURED**, to the **condominium** property, including personal property, owned by all unitowners collectively;
2. an **occurrence** only during the policy period to which Section II of this policy would apply;
3. damages that occur only during the policy period which the **association** may be obligated to pay because of personal injury due to false arrest, false imprisonment, wrongful eviction, wrongful entry, wrongful detention, malicious prosecution, misrepresentation, humiliation;
4. illegal discrimination (unless coverage is prohibited by law) that occurs only during the policy period, but only with respect to the liability other than fines and penalties imposed by law; or

5. libel, slander, defamation of character, or invasion of rights of privacy that occur only during the policy period.

We will not pay your share of any assessment charged against all unitowners by the **association** made as a result of items 1. through 5. above that do not occur within the policy period.

Limit of liability. The Coverage D – Loss Assessment limit is shown in the **Declarations**. The most we will pay for all assessments arising out of the same event from items 1. through 5. above is the amount shown in the **Declarations**.

SECTION I – LOSSES INSURED

Provisions applying to **SECTION I – LOSSES INSURED** also apply to Coverage D.

SECTION I – CONDITIONS

As respects Coverage D only, **Other Insurance** is replaced with the following:

Other Insurance. If a loss covered by this policy is also covered by other insurance, this insurance shall be excess over other insurance in the name of the **condominium** covering the same property covered by this policy.

Any Earthquake and Volcanic Explosion Endorsement applicable to Coverage A shall also apply to Coverage D.

All other policy provisions apply.

<i>SERFF Tracking Number:</i>	<i>SFMA-125420933</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>HO-22962</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>HO-22962</i>		
<i>Project Name/Number:</i>	<i>HO-22962/HO-22962</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/31/2008
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Comments:

Attachments:

AR 22962 PC TD-1 - P-C Transmittal Document.pdf
AR 22962 PC FFS-1 - Form Filing Schedule.pdf

Property & Casualty Transmittal Document

Arkansas


**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #			
State Farm Insurance Companies	0176			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

5. Company Tracking Number	HO-22962
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Nate Gross State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-3003	(309) 766-0225	nathan.gross.aiqq@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Thomas W. Monson		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	04.0
10.	Sub-Type of Insurance (Sub-TOI)	04.0000
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Homeowners Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) -
14.	Effective Date(s) Requested	August 1, 2008 for new business and October 1, 2008 for renewals.
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	3/27/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	HO-22962
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We respectfully request your approval of the following endorsements.

FE-5256.1, Coverage D – Loss Assessment Endorsement: This optional endorsement is revised for our Homeowners policy to identify trigger events and coverage limits.

FE-5485, Coverage D – Loss Assessment Endorsement: This is a new mandatory endorsement for use with our Condominium Unit Owners policy. We felt the existing policy language regarding loss assessment should be revised to help identify trigger events in regard to the date of loss and coverage limits.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Submitted via EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	HO-22962			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Coverage D - Loss Assessment Endorsement	FE-5256.1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FE-5256	
02	Coverage D - Loss Assessment Endorsement	FE-5485	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		